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DATE: December 11, 2007

PTO IDENTIFIER: Application Number 10/657,910-Conf. #5169

Patent Number

Inventor: Kenichi CHIBA et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP

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Attorney Dkt. #: EISN-018CP

PAGES (Including Cover Sheet): 25

CONTENTS:

Transmittal (1 page)
Fee Transmittal (1 page - in duplicate)
Amendment in Response to Non-Final Office Action (20 pages)
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Charge \$960.00 to deposit account 12-0080

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PTO/SB/21 (11-07)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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(to be used for all correspondence after initial filing)

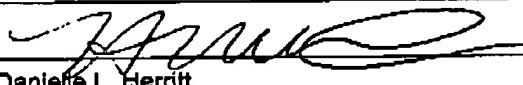
Total Number of Pages in This Submission

Application Number	10/657,910-Conf. #5169
Filing Date	September 9, 2003
First Named Inventor	Kenichi CHIBA
Art Unit	1625
Examiner Name	OH, Taylor V.
Attorney Docket Number	EISN-018CP

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Danielle L. Herritt		
Date	December 11, 2007	Reg. No.	43,670

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DEC 11 2007 PTO/SB/17 (10-07)

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Effective on 12/05/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4214). FEE TRANSMITTAL For FY 2008		Complete If Known	
		Application Number	10/657,910-Conf. #5189
		Filing Date	September 9, 2003
		First Named Inventor	Kenichi CHIBA
		Examiner Name	OH, Taylor V.
		Art Unit	1625
TOTAL AMOUNT OF PAYMENT	(\\$) 960.00	Attorney Docket No.	EISN-018CP

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 12-0080		Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)
 Each independent claim over 3 (including Reissues)
 Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
58	- 48 = 10	x 50.00	= 500.00		
HP = Highest number of total claims paid for, if greater than 20.					

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 1 - 3 = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 = (round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

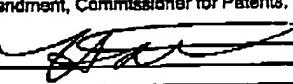
Other (e.g., late filing surcharge): 1252 Extension for response within second month

460.00

SUBMITTED BY:		Registration No. (Attorney/Agent)	Telephone
Signature	_____ Danielle L. Herrit		(617) 994-0853
Name (Print/Type)			Date December 11, 2007

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